

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>USA FREEDOM FUND</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00745208	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report			<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	
Full Name of Payee <b>Madison McQueen LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 17 / 2022</b>	
Mailing Address <b>133 Sheldon Street</b>			Amount <b>33914.00</b>	
City <b>El Segundo</b>	State <b>CA</b>	Zip Code <b>90245</b>	Transaction ID : <b>SE.4268</b>	
Purpose of Expenditure <b>Media Production</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 11 / 2022</b>	
Name of Federal Candidate <b>MANDEL, JOSHUA A., ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>3111199.75</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee			Date of Public Distribution/Dissemination	
Mailing Address			Amount	
City	State	Zip Code	Date of Disbursement or Obligation	
Purpose of Expenditure		Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<b>33914.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶				
(c) TOTAL Independent Expenditures..... ▶			<b>33914.00</b>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Datwyler, Thomas, , ,</i>		[Electronically Filed]		Date MM / DD / YYYY <b>04 / 17 / 2022</b>